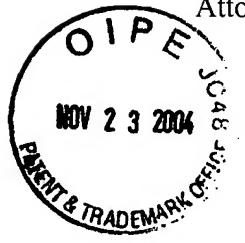


Application No.: 10/695,271
Response to Office Action of November 12, 2004
Attorney Docket: TGEDE-007A

DPW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Tewodros Gedebou) Confirmation No. 4698
)
Serial No.:	10/695,271) Art Unit: 3732
)
Filed:	October 28, 2003) Examiner: Annette R. Reimers
)
For:	COMPREHENSIVE TISSUE ATTACHMENT SYSTEM)
)

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The following is in response to the Office Action dated November 10, 2004, which required restriction between the following groups of claims:

- I. Claims 1-7 and 13-16, drawn to a bone anchor, classified in class 606, subclass 232.
- II. Claims 8-12, drawn to a bone anchor, classified in class 606, subclass 60.
- III. Claim 17, drawn to a system, classified in class 623, subclass 13.14.
- IV. Claims 18-22, drawn to a method of securing a bone anchor to bone, classified in class 606, subclass 72.

By this response, Applicant hereby elects, without traverse, to proceed with prosecution of claims in Group 1, namely, Claims 1-7 and 13-16.

Application No.: 10/695,271
Response to Office Action of November 12, 2004
Attorney Docket: TGEDE-007A

To the extent the Examiner has any questions, requires additional information, or has any suggestions for expediting prosecution of this case, he is invited to contact Applicant's counsel at the telephone number listed below.

If any additional fee is required, please charge Deposit Account Number 19-4330.

Respectfully submitted,

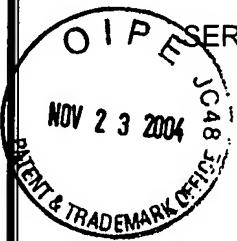
Date: 11/19/04 By:

Customer No.: 007663


Matthew A. Newboles
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STETINA BRUNDA GARRED & BRUCKER
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Telephone: (949) 855-1246
Fax: (949) 855-6371

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ATTORNEY DOCKET NO: TGEDE-007A
TITLE: COMPREHENSIVE TISSUE ATTACHMENT SYSTEM



SERIAL NUMBER: 10/695,271 FILED: OCTOBER 28, 2003

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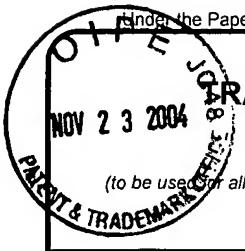
(Signature)

LINDA JOHNSON
(Typed name of person signing certificate)

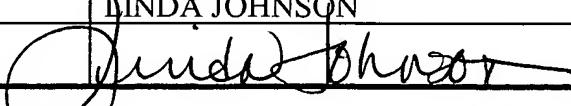
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2. RESPONSE TO RESTRICTION REQUIREMENT;
3. CERTIFICATE OF MAILING; AND
4. RETURN RECEIPT POSTCARD.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/695,271
		Filing Date	OCTOBER 28, 2003
		First Named Inventor	TEWODROS GEDEBOU
		Art Unit	3732
		Examiner Name	ANNETTE R. REIMERS
Total Number of Pages in This Submission	TGEDE-007A		

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): *Please charge any additional fees or credit any overpayment to Deposit Account No. 19-4330.
Remarks Response to Restriction Requirement; Certificate of Mailing; Return Receipt Postcard		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER	
Signature		
Date	11/19/09	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below Washington, DC 20231 on this date:		
Typed or printed name	LINDA JOHNSON	
Signature		Date 11-19-04

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